**Dr NAI'M M MOOLA**
Integrative **Psychiatrist**
**BMedSc, MBChB, FCPsych(SA), MMedPsych(UP)**
**PR: 0343285**

# Statement of Consent
# To Data Processing

"I hereby consent to the processing of my personal information as contemplated in the Protection of Personal Information Act No 4 of 2013 (POPIA) and the Promotion of Access to Information Act 2 of 2000 PAIA) by Dr Nai'm M Moola, their billing / accounting company, their staff and third parties with whom Dr Nai'm M Moola has a contractual relationship for the following purposes:

1) Treating and managing me in terms of a doctor-and-patient relationship;
2) The administration of the contractual relationship between myself and Dr Nai'm M Moola.
3) Communicating with other persons in as much as it related to my treatment and management.
4) Communicating with third parties who have undertake to indemnify me for the cost of my treatment and management or part thereof including medical schemes and administrators, where relevant; and collecting monies owing from me.
5) To process my personal data for the purpose of letter of motivations, accounts and discussing my results, health problems with other health professionals via Email, Telegram and WhatsApp.

I confirm that I have read and fully understand the above, and agree to the conditions mentioned above regarding my personal information.

_____
Name of patient

_____ _____ _____
Signature of patient / parent / guardian confirming that s/he understood and agrees to the above | Date | Signature: Witness